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3 51	male	4 COLORO		SSINGLE, MARRIEDT WIDOWED, ORDIVORCEO (Write the V	ringle	,1
3 D/	ATE OF BIRTH		Jan (Month)	25 7	, 1960 (Year)	
7 A C	G E	5 yrs	4	10s 25 d	if LESS than 1 day,hrs. 5. ORmin.?	8 7
(a) par (b) bus	CCUPATION) Trade, profession, rticular kind of wording the state of t	industry,	w	<i>.</i> .		
9 BI	RTHPLACE (State or coun	try)	m	4.		
	10 NAME OF FATHER	9	m.	Baile	y	
STN	11 BIRTHPLA OF FATH (State or	CE ER country)	M.	40		1
PARE	12 MAIDEN I	NAME A	Si	time	4	
	13 BIRTHPLA OF MOTH (State or	CE EF Country)	n	4.		
	(Informant) (Address)	Thu	Bu	ley	WLEDGE	
15				1 141		

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ley	St.;	Ward)	[If death occurred is a hospital or institution, give its HAME instead of street and number.]
MEDIGA	L CERT	IFICATE OF	DEATH
			10- 4
16 DATE OF DEATH	(3	My Y (donth)	(Day (Year)
Th 364	1917.	to Mi	ttended deceased from 19, 1914.
			30V6, ac
The GAUSE OF DEATH	* Was an	s follows:	EC
			yrs mos 22 ds.
Contributory Ac Secondary		Duration)	yrs mos/D ds
(Signed) 76,	3.C	Dil	Chailas.
*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HOM	CAUSING EANS OF MICIDAL.	DEATH, or, in INJURY; and	deaths from VIOLENT (2) whether Acciden-
At place of death yrs me	os d	in the	STITUTIONS, TRANSIENTS,
Where was disease contracted If not at place of death?————————————————————————————————————	ſ,		
usual residence			
Washing	19 m	OCC .	DATE OF BURIAL 1913
20 UNDERTAKER Jack	s Se	nes 1	Bladges Hog
and O'El Deville Ct. D.	les Mass		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

QUALTA REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.). "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

-Every liem of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St .: -Ward)

fit death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORGED ORDIVORGED Write the word)	16 DATE OF DEATH 25 ,191 (Year)
7 AGE (Month) (Day (Year) 7 AGE It LESS than 1 day,hrs. ORmin.?	that I last saw have alive on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER W. R. Bass. 11 BIRTHPLACE OF FATHER	Contributory Secondary (Deration) yrs mos ds. (Signed) Current yrs N. D. (Address) Current yrs N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Informant) (Address) (Address)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Harrisanburg Va. 20 UNDERTAKER Thos J. Murray Auacostia

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important; so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection uced not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (c. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendatious on statement of The nature of the Never report For VIO-



PHYSICIANS should state of OCCUPATION is very RECORD. carefully supplied. AGE should be stated EXACTLY. Is that it may be properly classified. Exact statement WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT .-Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate. 1 PLACE OF DEATH





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

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[It death occurred in a hospital or institution, give its NAME Instead

	FULL NAME MANY 10 125	bope of street and nominer.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/3	COLOR OR RAGE SINGLE. MARRIED USE WIDOWEO, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
6 D	September 1956 (Month) (Day (Year)	that klast saw h alive on 15 1914.
7 A	GE If LESS than 1 day, 1/2, hrs. OR J min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION 1) Trade, protession, or articular kind of work	(Duration) yrs. mos./ ds.
9 B	10 NAME OF RATHER Audreus Joudes	Gontributory Secondary (Boration) yrs mos ds. (Signed) Shabhalum M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
PAR	12 MAIDEN NAME (WAT Perover) Brown	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Curubuland Md	At place in the ot death yrs mos ds. State yrs mos ds
	(Informant) Les BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
16	(Address) Draen Que Hysteswell	Tashisa tribolo Date of Buria 2/, 1913

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

WELLEN REGISTRAR

S. No. 1.

N.B.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in damestic service far wages, as shauld be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. gainfully employed, as At school or At hamc. Care who receive a definite salary), may be entered as mine, etc. fication as Day labarer, Farm laborer, Labarer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: applies to each and every person, irrespective of age. who have no occupation whatever, write Nane. been changed or given up on account of the disease Hausewife, Housework, or At Home, and children, not material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Statianary freman, etc. But in many Physician, Compositar, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer ar Planter, For many occupations a single ward or term an the ness of various pursuits can be known. The question tian is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhaid fever (never report "Typhaid pneumonia"); Labar pneumonia; Branchopneumania ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritanaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "l'uerperal peritonitis," etc. State eause far elildbirth or miscarriage as "Puerperal septichaceause. Always qualify all diseases resulting fram mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Semile," etc.), "Dropsy," "Exhaustian," mere symptoms or terminal conditions, such as "As-Bronchapneumania (secondary), 10 de Never repart valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whaaping caugh; Chranic cer" is less definite; avoid use af "Tumor" far maligama, Sarcama, etc., of...... (name arigin; "Canture af the American Medical Association.) cause of death appraved by Committee on Nomencla-"Cantributary." dent; Revolver wound af head-homicide; Paisaned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Auaemia" (merely symptamatic), "Agraphy," ample: Mcasics affection need not be stated unless important. by carbalic acid—prabably suicide. The nature of the Accidental drawning; Struck by railway train-acci-The contributory (secondary, of intercurrent) tetanus) may be stated under the head of (Recommendations an statement of (disease causing death), 29 ds. Far vio

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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RECORD PERMANENT UNFADING INK-THIS Instructions _ DEATH OF mportant. Every Ite

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred in St.; Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, wide web, opoivonces N'rite the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above 1 day,....hrs. The CAUSE OF DEATH* OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or amployer) ... Contributory 9 BIRTHPLACE Secondary (State or country) FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER *State the Disease Causing DEVEN, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-

(State or country 12 MAIDEN NAME 13 BIRTHPLACE

OF MOTHER (State or country)

15

REGISTRAR

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place In the

of death _____ yrs. ____ mos. ___ ds. State _____ grs. ____ mos. ___ ds Where was disease contracted.

If not at place of death?.

usual residence

TAL, SUICIDAL, OF HOMICIDAL.

DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicated thus: eausing death, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But lu many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchoppeumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie "Contributory." mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal sentichaeetc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by eurbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUBEAU, V.S.

WHILE FLAINLY, WHILE OF AN ACTION SHOULD BE STATED EXACTLY. PHYSICIANS of information should be carefully supplied. AGE should be stated Exact statement of A PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE

V. S. No. 1.

County Briefs Gold	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 247
Village or City (No,	St; Ward) Chance [If death occurred is a hospital or institution give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH June (Month) (Day) (Year 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH GMONTH) (Month) (Day) (Year	that I last saw h alive on ,191
7 AGE If LESS th. 1 day,	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	StillBon
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Trank Chancey	(Signed) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or rountry) 12 MAIDEN NAME OF MOTHER	State the DIREASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of Mother Ances Edlen 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the formal of death formal states of death formal states for a state states for a state state state states for a state state state state states for a state state state state state states for a state s
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence
Address Capital Hughli Will	Capitol Keighte and July 1 191.
Filed July 1913 The Registrate Parising	Frank Chancy Capital Keige

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. employed, as Al school or Al home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Crosser; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, "Foreman," "Manager," "Tenler," etc., without more mobile factory. is provided for the latter statement; it should be used taken to report specifically the occupations of persons business or industry, and therefore an additional line -Coul mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubsis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness." symptoms or terminal conditions, such as "Asthenia," chopncumonia (seeondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichumia," by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN

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1 PLACE OF DEATH County Property Village or City Bown (No. M.) 2 FULL NAME Review W. 632	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 243 St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race 5 SINGLE, MARRIED, WIDOWED OR DIVOCCED (Write the West) 6 DATE OF BIRTH May 3, 19/5 (Month) (Day) (Year)	16 DATE OF DEATH Winny (Day), (Year) 17 I HEREBY CERTIFY, That I attended deceased fro June 3, 1915, to June 4, 1915 That I last saw have alive on June 3, 1915
F LESS than 1 day, hrs. mos. ds. OR min.?	and that death occurred on the date stated above, at 5. The CAUSE OF DEATH * was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) BOUVE MA	Contributory Heart Fuel was Zo
10 NAME OF FEBRUARY BOWE POLD OF FATHER GEORGE CONTROL OF FATHER (State or country) Bowe Ne 2 12 MAIDEN NAME MARIAL E Malliane	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Bowle Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) George W. Growford (Address) Bowle Md	At place of death yrs. mos. ss. State, yrs. mos. Where was disease contracted, if not all place of death? Former or usus residence. 19 PLACE OF BURIAL OR REMOVAL Accuracy Church Fund 6, 1915
Filed Unit P. 1915 Cliston U/(you mo REGISTRAR If more blanks are needed, address State Registrar,	Martin Hading Sons Colling ton

[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. Housemail, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, the duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm luborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salasman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

cause. Always qualify all diseases resulting from chiklon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic surgical operation was undertaken. For violent beaths "PUERPERAL perilonilis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular hunt disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railwoy train-accident; Revolver wound of The contributory (secondary or intercur-Never report mere acid-probably



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.

1 PLACE OF DEATH

9662

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 243

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

9

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frances Calored ORDIVORCED ORDIVORCED	16 DATE OF DEATH /2 , 1915 - (Month) (Day (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw halive on
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
2 4 yrs mos ds. OR min.?	North Down Harrely
(a) Trade, profession, or particular kind of work.	Wer general matural Courses
(b) General nature of Industry, business, or establishment in which employed (or employer)	Ouration) vrs mos. ds.
9 BIRTHPLACE (State or country) Choo. Co. M.d.	Contributory Secondary (Duration) yrs mos ds
o 11 RIPTHPLACE	(Signed) A CARDANALL . M. D.
11 BIRTHPLACE OF FATHER (State or country) Cho, C. Question 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a stole Couchall	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Clear, Co. Quedi	At place of death yrs. mos. ds. State yrs, mos. ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Interment) A THESE	USUAI residence
16 Filed June 15-19N Fleson Ryon Sn REGISTRAR	Le Cenoren Chrish Bone flue 14, 1915
	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutles of the household only (not pald Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronio mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



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County Since Peorgis	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Ro. (No,	St.; Ward) a hospilal or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensle Color or RACE Single, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE Continue Con	that I last saw her alive on June 8, 1915, and that death occurred on the date stated above, at 9 a.m.
8 OCCUPATION (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH* was as follows: allactaris
(b) General nature of Industry, business, or establishment in which amployed (or employet) Performance (State or country)	Contributory Church Mos Charles (Secondary) Elloupera (Doration) yrs. mos 2 ds.
10 NAME OF TATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) MANAGE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER MANY STATES 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) (Informani)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) 15 Files Jun 6 , 1916 HT Moutgours REGISTRAS If more blanks are meeded, address State Registras	DATE OF BURIAL OR REMOVAL LEWISTON & MA, June 11, 1915 20 UNDERTAKER Moses Parker. Seahor find 6 E. Franklin St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of _ ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," ___ (name origin; "Can State cause for Examples: For vio-



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	PLACE OF DEATH	STATE OF MARYLAND
Cour	Muco Terral	CERTIFICATE OF DEATH
Cour	Ny Daniel Control of the Control of	Parietration Birt No. 239
1		Registration Dist. No.
Villa	ge or City Clurel (No. ,	St.; Ward) [If death occurred in a hospital or institution.
	011.8	give its NAME instead
7 , 0	2 FULL NAME Salle O. J.	of street and number.]
e)		MEDICAL CERTIFICATE OF DEATH
2	PERSONAL AND STATISTICAL PARTICULARS	
3 SE	MARRIEO, WIDOWEO	16 BATE OF DEATH July 29, 1915
tei	eugle Phile (Write the word)	(Month) (Day) (Year)
6 OA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	616 1831	, 1910 , to 7, 1910 ,
1	(Month) (Day) (Year)	that I last saw h & alive on feel 29, 1915,
7 AG		and that death occurred on the date stated above, at Z.J.Sm.
1	83 vrs // mas 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 0	CCUPATION	
(8	rade, profession, or It I was	ceen in organia
I dinasi	rticular kind of work	2
bu	siness, or establishment in	(Ouration) ys mos ds.
	ich employed (or employer)	contributory Secule debilety
8	(State or country) Mary Land	Secondary (Ourstion), a great mos. ds.
	10 NAME OF TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA	(Signed) A. F. Taylor, M. O.
10	July V. Muderson	11 - 1 - Sud
PARENTS	OF FATHER THE THE	*State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT
E	(State or country) Mary Called 12 MAIOEN NAME O	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.
AG	OF MOTHER MILLAR Wardell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country) Wary land	of deethyrsmos,ds. State,yremosds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not et place of death?
	(Informati) ANIIO GRAII	Former or
	(informani) XVIII SCALE	19 PLACE OF BURIAL AF REMOVAL DATE OF BURIAL
	(Address) Laurel Mearyfand	19 PLACE OF BURIAL PR REMOVAL DATE OF BURIAL
15	1 0 and - Mr. D. M. ' 10.	I very Hell July 1, 1017
FI	led July 19, 1915 (NM, W, Fairall	20 UNDERTAKER ADDRESS OF
	REGISTRAR	Heal fund Jaurel Ald
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or Al Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Iaborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, Housemaid, etc. If the occupation has been changed mobile factory. only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cares, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Collon If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichumia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," ehopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of etc., when a definite disease can be ascertained as the "Annemia" nephrilis, etc. "Coma," "Convu" "Senile," etc.), (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" The contributory (secondary or intercurearbolic acid-probably Never report mere "Atrophy," ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state a DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

N. B.—Every item of CAUSE OF I

1 PLACE OF DEATH

9664

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	240)

St.: .Ward)

MEDICAL CERTIFICATE OF DEATH

Ilf death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]

rali	White	MARRIED, WIDOWED, ORDIVORCED (Write the wo	ord)
ATE OF BI	Month)	/ (Day	, 19/4 (Year)
GE	Vrs.	mos 24 ds.	If LESS than 1 day,hrs. ORmin.?
rticular kind of General natu Biness, or es ich employed (IRTHPLACI (State or o	re of Industry, tablishment in (or employer)	4	
10 NAME FATH	OF 221	Van n.	Sersen
11 BIRTH OF FA (State	PLACE ATHER e or country)	9.	
12 MAIDE OF M	OTHER Sent	nde C	voke
13 BIRTH	PLACE OTHER OF COUNTRY)	d	
(State		T OF MY KNOW	

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

16 DATE OF DEATH	me	25-	1913
	(Month)	(Day	(Year)
11 12.13	CERTIFY, That	I attended de	geased from
that I last saw h allv	01	23	, 1915.
and that death occurred on	the date state	d above, at	-50 am
The CAUSE OF DEATH* W		litis	
Contributory	(Duration)		mos. //ds.
Secondary		0 0 0 000 0 0 0 000, 0 0 0 0 0 0 0 0 0	
(Signed) 2,191 5 (Ad	ac	oz velson	ds. ds.
*State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI	ISING DEATH. O	r in deaths for	rom VIOLENT ier Acciden-
18 LENGTH OF RESIDENCE ON RECENT RESIDENTS) At piace of death yrs mos Where was disease contracted, if not at place of death?	In the	s, institutions	
Former or usual residence.	************	*************	
Laters O. C.	BEMOVAL	DATE OF E	126, 1915.
20 UNDERTAKER	1	ADDRESS	

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) State cause for Never report



of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

Important.

Every item of information should be CAUSE OF DEATH in plain terms, s.

N. 88.

RECORD

PERMANENT

4

UNFADING INK-THIS IS

WITH

PLAINLY,

WRITE

County Sev. 9663	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 240
Village or City Dundywie (No. , _	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored Single, Married, Widowed, Orbivorced (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH March 14th, 1907 (Month) (Day (Year)	that I last saw here alive on James 19th, 1915
7 AGE If LESS than 1 day, hrs. OR mln.?	and that death occurred on the date stated above, at 6-300 m The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Sippliand Sever,
business, or establishmant in which employed (or employer)	(Duration) yrs mos. // ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER GENGLE A. Jell 9 BIRTHPLACE	(Signed) (Address) Common M. D
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place to the of death yrs mos ds. State yrs mos ds. Where was disaasa contracted,
(informant) Luye A. Till.	tf not at place of death? Former or usual rasidence
(Address) handyme Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

une 2/1915 Local REGISTRAR 240

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an been changed or given up on account of the nisease mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Agc," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Hacmorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railreay train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Auacmia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



- 11	PERSO	NAL AND STATIS	STICAL PARTIC	ULARS	
3 SE	x.	4 COLOR OR RACE	5 SINGLE, MARRIEO, WIOOWED OR OIVORCE (Write the word	m anid	16 DA
6 DA	TE OF BIRT	TH June (Mo	\$	14/5	that
7 AG	4	yrs		1 day, hrs.	and t
0000	CCUPATION) Trade, profes riicular kind o) General natu siness, or esta	f workre of industry ablishment in	***************************************	***************************************	4.0
a B principal paragraphic para	rticular kind o) General natu siness, or esta	f work re of industry ablishment in or employer)			- Cg
	riicular kind o) General natu siness, or esta ich employed (RTHPLACE (State or cour 10 NAME (FATHE	f work re of lodustry ablishment in or employer)	124		Cost (Signed
	of State Ticular kind of the control of the contro	of work re of ladustry abilishment in or employer) http://www.land. of Dura J clace HER or country) North N NAME	till Carolin	a	-
PARENTS	10 NAME (FATHE 11 BIRTHP OF FAT (State 12 MAIOER OF MC	of work re of industry ablishment in or employer) http://www.land. processes of country of the country of th	till Carolin Smur	a	(Signed)

I DI ACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 247

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERT	TIFICATE	OF DEATH	
16 DATE OF GEATH	.d (Month)	(Day)	, 1915* (Year)
17 I HEREBY CERTIFY.	. That I a	ttended dec	eased from
F	, to		, 1915,
that I last saw h allve	on has	~ 4	, 1915,
and that death occurred on	the date s	tated above	at 10 am.
The CAUSE OF DEATH * WE	15 85 10110	ws:	•
Don't dring .	ulin	y-oul	y brighes
			-
***************************************	(Duration) .	yrs	moeds.
Secondary	***************************************	••••••	**************************************
	(Buration)	yre.	más, de
(Signed) U. 7-1 Lyc			
(Signes) C. 1. P. C. 20			, M. O.
Jan. 9 , 1915 (Addres	e) Cali	tul Hu	-yhli
*State the DISEASE CAUSIN CAUSES, state (1) MEANS OF I SUICIDAL OF HOMICIDAL.	O DEATH. O	r, in deaths fro (2) whether A	TH VIOLENT
18 LENGTH OF RESIDENCE (FOR	HOSPITALS	, INSTITUTIONS	, TRANSIENTS,
OR RECENT RESIDENTS)			
At place	in the	s le,yrs	moe ds.
of deathyrsde Where was disease contracted,	. • • • • • • • • • • • • • • • • • • •	io,	
If not al place of death?		•••••	******
Former or			
usual recidence			
19 PLACE OF BURIAL OR REMO	VAL	DATE OF E	BURIAL
Forestville . V.	nd.	June	(a', 191.5
20 UNDERTAKER (acting)	AODRESS	1.0
David Sun	ins	Seaf Ple	asant Jud
6 W Seretors St. Ralto, Requestin	V. S. No.	1.	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (religed & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. taken to report specifically the occupations of persons business or industry, and therefore an additional little know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part If the occupation has been changed Never return "Laborer, Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Heomorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uranna," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee cause. or miscarriage as "Duenderna septichaemia, Always qualify all diseases resulting from childby railway The contributory (secondary or intereurtrain-accident; Revolver State cause for which mound.



	PLACE OF DEATH	STATE OF MARYLAND
	P. C. S.	CERTIFICATE OF DEATH
Coun	ity Janee 200	
		Registration Dist. No. 243
Villa	ge or City Hattandle (No.	St.: Ward) [If death occurred in
VIIIa	yo or only	a hospital or institution,
	Still as	give its NAME instead of street and number.
	2 FULL NAME	2 CT COLORUM
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
1	male white or DIVORGED OF DIVORGED (Write the word)	(Month) (Day) (Year)
1	March would (Write the word)	17: I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	191 to 191
	france 23 1915-	
7	(Month) (Day) (Year) (Year) (Hear) (H	that I last saw h alive on
7 AG	1 day, hrs.	and that death occurred on the date stated above, atm.
	yrs, mos, ds. or min.?	The CAUSE OF DEATH # was as follows:
8 00	CCUPATION	DILLE COM
(a) Trade, profession, or	
) General nature of industry	
bus	siness, or establishment in	(Duration) yrs, mos. ds.
_	ich employed (or employer)	
9 81	RTHPLACE (State or country)	Contributory Secondary
	10 NAME OF	(Ouration) yrs. mos. ds.
	FATHER Ohis Of Affin	(Signed) Our et alim, M. O.
S	11 BIRTHPLACE	June 2 51915 (Address) Dogatevelles
ENT	OF FATHER (State or country) Congluind	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
Œ	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal,
PARI	OF MOTHER Miranit Mi-duical	B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS).
	OF MOTHER (State or country)	of death yrs. mos. ds. State, yrs. mos. ds.
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	My Olaff Car	Former or
	(informant) Mu Noch Jag	iusuai residence
	(Address) Defatto ville mid	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(NOW COO)	13/11/ 10 Julia 11/1 June 23, 1915
	ed June 23 jos 5 Mus Jas Severe	20 ADDRESS . MIL
FIR	ed WALL 191 WAS AD STATE REGISTRAR	If Species Sois Bladeres burg
	If more blanks are needed, address State Registrar,	
	and and the modern and modern and the state of the state	



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Caok wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autotaken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease. Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-Struck by railway train-accident; Revolver wound of cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic redudar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of The contributory (secondary or intercurcarbolic acid-probably Never report mere



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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton mobile foctory. business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated heod-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "PUERPERAL sephichucuia," mus," "Old Age," "Shoek," "Uracnia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthema," ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of..... to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, cause. etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiat "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull, The contributory (secondary or intercurete.), "Dropsy," "Exhaustion," Never report mere ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

PERMANENT

N. B.—Every item of CAUSE OF I

1	PLACE	OF	DEATH
County-			************

9669

S) CE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No ...

VIIIage or City Glandale mol (No. 2 FULL NAME John Lan Langer of Se	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH Month) Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH June 25 , 1914 (Month) (Day (Year)	4 P.M. June 15, 1914, to 430 P.M. June 15, 1914. that I last saw hime allve on June 14, 1914.
TAGE If LESS than 1 day,hrs. OR min.? COLUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 4,1000 m, The CAUSE OF DEATH* was as follows: Shylmon hornway, as lidulate. Talue
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory Secondary
10 NAME OF FATHER TWO JAMES 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Boration) yrs mos ds. (Signed) (M.D. M. p.) , W. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Clauser Scott	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?
(Informant) Orice Jariello (Address) Pludele Mol.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL COMPANY AND MANY MANY MANY MANY MANY MANY MANY MANY
Filed 1910 Nelson A Nyon Sma REGISTRAR Of more blanks are needed, address State Regist	20 UNDERTAKER S. Gar & T. Son Madenthur and trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucksis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Deblity" ("Convalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

3

	PLACE OF DEATH	STATE OF MARYLAND
Cor	inty Ta Mes	CERTIFICATE OF DEATH
	D. I.	Registration Dist. No. No. 4
Viii	age or City Sucalarian No.	St.; Ward) [If death occurred in
		give its NAME Instead
	2FULL NAME Cammie Jane	the Jenkins of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male While of the word) 4 COLOR OR RAGE MARRIED, married ORDIVORCED (Write the word)	16 DATE OF DEATH June 29, 1915— (Month) (Day (Year)
6 D/	TE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
	unknown 1879	
7 AC	(Month) (Day (Year)	that I last saw had alive on funds. A. J., 1913.
. A.	If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as lollows:
_	yrs	Post-
	CCUPATION Trade, profession, or	parlem himorrhage
	dicular kind of work. General nature of Industry,	
bus	ness, or establishment in	about /h hours (Duration) yrs mos ds.
-	ch smployed (or employer)	Contributory
	RTHPLACE (State or country) manyland	Secondary
	10 NAME OF FATHER John Henrie Amila	(Signed) Edgas D. Houtt, M. D.
TS	11 BIRTHPLACE OFFATHER	June 30,1815 (Address) 3 10 Calaivay ma
ARENT	(State or country) manyland 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
0	marely How Iting	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Making land	At place In the of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Informant) Thus. C. Jenkins	Former or
	Pinc atawase Ind.	USUAl residence
15	(Address). I ascaration and	Pistalances June 30, 1915
Fil	77	PO UNDERTAKER ADDRESS
- (REGISTRAR	young & Dusby 9. B. and
	II thore bindes are needed, address State Regis	trar, 6 E. Franklin St., Balto., Represting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: But iu many (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmcumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioture of the American Medical Association.) by curbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

967

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from mill; (a) Salesman, (b) Grocery: (a) Foreman, write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, ver, Stationary freman, etc. But in many For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conhead-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "Puerperal septicharmia," ctc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. eough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL, wound of



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V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT

PLACE OF DEATH	STATE OF MARYLAND
County P-9 6 5 512 3672	CERTIFICATE OF DEATH
	Registration Dist. No. 24
Village or City Boulevard 26th (No.	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead
FULL NAME Marie & Mere	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 CINGLE, MARRIED, MUNICOL Vision (Write the word)	(Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	A/28 18 , 1915; to June 11 , 1915;
(Month) (Day) (Year)	that I last saw har allve on 11 5-
AGE II LESS than 1 dayhrs.	and that death occurred on the date stated above, at 11.30 A m,
yrs mos. 2 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work	The same of the sa
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) — yrs. mos. ds.
BIRTHPLACE (State or country) P.G. Bo. Ind.	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF SECO. A. Bell	(Signed) Han Directed, M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, 2 mos. ds. State yrs, 2 mos. ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death? Former or usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5	Maslington 100 Juny 14, 1915:
Filed,191	20 UNDERTAKER ADDRESS

Jumas If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causeno death—the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin,

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train—acci--Kart fallure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma. Sarcoma. etc., of _ nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples

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BUREAU, V.S.

UNFADING INK-THIS IS

WRITE PLAINLY, WITH of information should be DEATH in plain terms.

Every item CAUSE OF Important.

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should

PHYSICIANS

RECORD

PERMANENT

properly classified. Exact statement of OCCUPATION is

should be stated EXACTLY.

AGE

carefully supplied. that it may be

See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 23

-Ward)

St.;

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

2FULL NAME I Cobert VV, In	eller
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale While (widowed, ordiverce) Write the word)	16 DATE OF DEATH (Month) (Day (Year)
** DATE OF BIRTH	Was called 19 to death ensured, that yest saw h my aire on 191
7 AGE (1881) (1881) (1881) 1	and that death occurred on the date stated above, at 3,30 mm, The CAUSE OF DEATH* was as follows:
(e) Trade, protession, or Farmer particular kind of work. (b) General nature of Industry, business, or establishment in	One hour and thirty minute
9 BIRTHPLACE (State or country) Inanyland	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER John J. Miller 11 BIRTHPLACE OF FATHER (State or country) many land 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTH	(Signed) Odgar D. Houtt, M. D. June 15, 1915. (Address) Piscataway Ind *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Belecca Lo, Johnson 13 BIRTHPLACE OF MOTHER (State or country) Penn, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Robb. Anille	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, It not at place of death? Former or usual residence.
(Address). Geeabuck, Incl.	19 place of Burial or REMOVAL DATE OF BURIAL Aulington Va, June 11, 1915. 720 UNDERTAKER HO TR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Dequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekcopers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic valvular heart discase; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ".Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Scnile," ctc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report

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RECEIVED
JULG 1915
BURTAULV.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

County PLACE OF DEATH 9073	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 4 4
Village or City Meadows (No	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Full Viele 5 SINGLE, MARRIEO, Surgle Widoweo, Orolydraced (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from
TAGE (Month) (Day (TAGE) TAGE (Month) (Day (TAGE) I ALES (TAGE) I day,	I THE CAUSE OF DEATHY WAS AS TOHOWS:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	e Luhrenloris (Mival)
which employed (or employer) 9 BIRTHPLACE (State or country) Let O Man	Contributory Secondary
10 NAME OF Clive, Moore 11 BIRTHPLACE OF FATHER 12 OF FATHER	(Signed) (Signed) (Address) (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER DAWL	*State the Disease Causing Death; or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients)
14 THE ABOVE IS THUE TO THE BEST, OF MY KNOWLEDGE	Af place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
(Informant) Have Mullion	If not af piace of death? Former or usual residence
(Address) All A DATA A	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER 20 UNDERTAKER
Filed fully 1915 Though Stelling REGISTRAR	SCott armstrong Meadown M.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Furm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: But in many

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia desis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Can scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Brouchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railray train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuilc," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms. s

PLACE OF DEATH County Prince Georgie
Village or City mitchellville

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred to a hospitat or institution. give its NAME instead of street and number.]

FULL NAME Occupand Colored		NAME Richard Potersen	
	2FULL	NAME Vacuara Vacuara	·a

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PER	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX male	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH June 2 ,1915 (Month) (Day (Year)
6 DATE OF BIR	Month (Day (Year)	that I last saw here alive on many 31th 30 Pm, 1915
7 AGE	1 LESS than 1 day,hrs.	The CAUSE OF DEATH* was as follows:
(a) Trade, profess particular kind of (b) General nature business, or est	sion, or work	(Duration) yrs mos 7 ds.
9 BIRTHPLACE (State or o	OF Mr. Petersen	Contributory Secondary (Duration) yrs mos ds. (Signed) JARDuforn, M.D. 6.+2 1915 (Address) Mitchellville, Ind.
12 MAIDE OF MO	OTHER Una Survelen	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrs,mos,ds
14 THE ABOVE (intermant)		Where was disease contracted, If not at ptace of death? Former or usual residence
(Address	191 REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Carroll Church France June 3 1915 20 UNDERTAKER Members of family Members of family
	If more blanks are needed, address State Regi	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a mino, etc. additional line is provided for the latter statement essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write . sic. cated thus: CAUSING DEATH been changed o Scrvant, Cook, of persons engaged in domestic service for views, as should be taken gainfully empl Housewife, He duties of the h "Manager," "Dealer," etc., without more precise spec statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. Woney of the same are Statement of occupation-Precise statement of occupa-If retired from business, that fact my Never return "Laborer," (b) Collon mill; (a) Farmer (relired 6 yrs.) Ly ouscmaid, etc. state occupation at beginn given up on account of the insease o report specialcally the on i, as Al school or At h. ork, or At Home, and ebile nife salary), may be en ald only (not paid House If the occupa Salcsman, "Foreman of illpersons be indi-La has Suoilag Con not o Care 1.83 ners pulled

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and ea (allow), using always described term for the sape disease. Example decrepted term for the sape disease. Example decrepted term for the sape disease. Example decrepted use of "Croup"; Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bionehopneumonia ("Pneumonia," unqualified, is indefinite) Tuberculesis of langs, meninges, peritonaeum, etc., Caroin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congeultal," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstilial nephrilis, nant neoplasms); Mcasics; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL poritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tclanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) may be stated under the head of (Recommendations on statement of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

	1 PLACE OF DEATH	675		STATE OF MA	
Coun	by Prince George	1.0	S .	CERTIFICATE C	OF DEATH
				Registration Di	st. No. 243
Villag	e or City I yattevelle	(No		St.;Ward)	[If death occurred in a hospital or institution,
	2 FULL NAME Mary	? Phillips	ls		give its NAME instoad of street and number.]
**	PERSONAL AND STATISTICAL PA	RTICULARS	ME	DICAL CERTIFICATE	OF DEATH
3 SE	Curale white Single	ED, Micasial	16 DATE OF DEAT	(Month)	(Day) (Year)
6 DA	Feb.	10th 1837	IT I HERE	, 191 , to	tended deceased from 18, 1913,
7 AG	(Month)	(Day) (Year)	that I last saw	occurred on the date st	191 ,
	68 yrs 3 mos.	ds. OR min.?		DEATH * was as follow	
(8	CUPATION Trade, profession, or Color kind of work	e			
i. bus	General nature of industry iness, or establishment in			(Ouration)	yrs. 5 mos / 2 ds.
	ch employed (or employer) RTHPLACE (State or country) Comment	L . L	Contributory Secondary	Emdiac	Customin
	10 NAME OF FATHER Question M	10.1100	(Signed)	Duration)	yrs mos ds.
NTS	11 BIRTHPLACE OF FATHER (State or country)	to the	State the	191 / (Address) DEATH, OF	in deaths from VIOLENT
PARENTS	12 MAIDEN NAME OF MOTHER OF	Mora	The state of the s	1) Means of Injury; and MICIOAL.	(2) whether Accioental,
	13 BIRTHPLACE OF MOTHER (State or country)	teest	OR RECENT RES	In the	,yrs mosds.
14 TH	CO	KNOWLEDGE	Where was disease con if not at place of dear Former or		
	(Address) 1274 Morse S	Ins	19 PLACE OF BUF	HALOR REMOVAL	PATE OF BURIAL
15	No. 10 The state of the state o	80	Bladen	sburg ma	une 23 , 1915
File		MITY REGISTRAR	F. Lasc	h's Sons	Bladensburg md
	If more blanks are needed,	address Sate Registrar,	16 W. Saratoga St., P	alto., Requesting V. S. No. 1	

[Approved by U. S. Corres and American Public Health Association.]

write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers of the second statement. mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton eigh, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchapmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

chopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Conlapse," "Conrulsions," "Debility" ("Conlapse," "Convulsions," on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonities," etc. State cause for which birth or misearriage as "Puerpenal septichuemia," genital," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic waknular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercurby carbolic acid-probably naportant.



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County Pr. Lu. 9676	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 238
Village or City Casup Januage No. 2 FULL NAME Millar R.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Late of BIRTH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, Thank attended deceased from
7 AGE 38 (Morth) (Day) (Year) 1 day, hrs. or min.?	that I last saw h. A alive on James 3 , 191 3 and that death occurred on the date stated above, at 8.0 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (er employer)	Laryngeal Inbereulosi (Ouration) yrs. 9 mos. de
9 BIRTHPLACE (State or country) Period. 10 NAME OF FATHER PROCE OF FATHER (State of Country) 11 BIRTHPLACE OF FATHER (State of Country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) State the Disease Causino Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF IN KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death
(Address) Paulo Springs. (Address) Paulo Springs. Filed Line 4, 1915 Mary W. Thomas REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LIMIT 5, 1915 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed engaged in doinestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Locomotive engineer, The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the Struck by rollwoy train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," nephritis, etc. The contributory (secondary or intercurcough; Chronic valudar heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Corcinoma, Sarcomo, etc., of..... Example: Meosles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of or misearriage as "Old Age," "Shock," "Uracmia," "Weakness," "Purrperal septichaemia," State cause for which (Recommendations Never report mere "Exhaustion,"



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[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully Statement of Occupation-Precise statement of occupabusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed -Coal minc, etc. various pursuits can be known. The question For persons who have no occupation whatever, Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, is indefinite); Tuberculosis of lungs, menin-

eause. Always qualify all diseases resulting from childges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvular heart disease; Chronic interstitial etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," ctc.), "Anzemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee The nature of the injury, as fracture of skull, "Puenpenal septichaemia," "Dropsy," Never "Exhaustion," report mere



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HYSICIANS statement of

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Carc should be of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. Housemaid, etc. If the occupation has been changed engaged in doniestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Locomotive engineer, But in many cases, If retired from (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "PUERPERAL septichaemio," cause. Always qualify all diseases resulting from childsurgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anzemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Carcinoma, Sorcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion,"



V. S. No. 1.

1 PLACE OF DEATH

	STATE OF MARTLAND
County Va Yu	CERTIFICATE OF DEATH
O: LINE	Registration Dist. No. 239
tun o	
Village or City (No.	St.; Ward) [If death occurred a hospitat or institution
	give its NAME inste
2 FULL NAME	Pagers of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH JULE 17 101
WIDOWED MATAULT	(Month) (Day) (Yes
Male Must OR DIVORCED 9	17 A I HEREBY CERTIFY, That I attended deceased fi
DATE OF BIRTH	Jane 19, 1910, to 19, 191
full 17 1915	
(Month) (Dily) (Year	
7 AGE If LESS that 1 day from 1	S.
yrs. mos. ds. OR min.	
6 OCCUPATION A V	
(a) Trade, profession, cr particular kind of work Suface,	J' MAN WY C PARTY
(b) General nature of Industry	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. 444
9 BIRTHPLACE	Contributory
9 BIRTHPLACE (State or country) Lainel Sud	Secondary
10 NAME OF D	Becondary (Buration) yrs. mos.
10 NAME OF Elward Ragers	Secondary
10 NAME OF Elward Ragers	(Signed) (Address) FA Laure
10 NAME OF Elward Ragers	(Signed) (Buration) yrs. mos. (Signed) (Address) Following Cause of the Property Cause
OF AME OF FATHER Elward Ragers 10 NAME OF FATHER Elward Ragers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) State the Disease Causing Dath, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.
10 NAME OF FATHER Elivord Ragiers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Jewise Verman	(Signed) (Signed) State the Disease Causing Dath, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidenta Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS)
State of country) Jamel M 10 NAME OF FATHER Elivard Ragiers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Jewise Versual 13 BIRTHPLACE	(Signed) State the DISEASE CAUSING INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIOR RECENT RESIDENTS) At place in the
10 NAME OF Elward Ragers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 Janvil Steel	(Signed) State the DISEASE CAUSING LATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place of death yrs. mos. ds. Stats, yrs. mos.
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10 NAME OF Elward Ragers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 Janvil Steel	(Signed) State the DISEASE CAUSING IN-THE, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place of death yrs. mos. ds. Stats, yrs. mos.
10 NAME OF FATHER Clivard Ragers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER GENERAL SELVENCE 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Signed) State the DISEASE CAUSING LEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUCIDAL OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT OR RECENT RESIDENCE) At place the DISEASE CAUSING LEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUCIDENTAL SUCID
10 NAME OF FATHER Clivard Ragiers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Grant State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	Secondary (Signed) State the Disease Causing Dath, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal. 18 Length of Residents At place in the of death yrs. mos. ds. Stats, yrs. mos. Where was disease contracted, if not at place of deeth? Former or usual residence
10 NAME OF FATHER ELIVORAL RAGIES 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER GENERAL SELECTION 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Appendix	(Signed) State the DISEASE CAUSING IDEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIF OR RECENT RESIDENTS) At place of death yrs. mos. ds. Stats, yrs. mos. Where was disease contracted, if not at place of deeth? Former or usual residence 19 PLACE OF, BURIAL OR REMOVAL 19 PLACE OF
10 NAME OF Elivard Ragiers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SCIENCE NEW MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Laurel May (Address)	(Signed) State the DISEASE CAUSING IDEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT OR RECENT RESIDENTS) At piace of death yrs mos ds. Stats, yrs mos Where was disease contracted, if not at piace of deeth? Former or usual residence 19 PLACE OF, BURIAL OR REMOVAL

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. mill; (a) Salesman, (b) Gracery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulespecially in industrial employments, it is necessary to For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Stationary fireman, etc. But in many cases, The material worked on may form part Never return "Laborer," Locamotive engineer, without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Brouchopneumonia ("Pneumonia, memnnunqualified, is indefinite); Tuberculosis of lungs, memnnunqualified, is indefinite);

mus," on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telauus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerpenal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childlapse," "Coma," rent) affection need not be stated unless important "Old Age," "Shock," "Uracmia," "Weakness," by railway The contributory (secondary or intercur-"Convulsions," "Debility" ("Contrain-accident; Revolver State cause for which Never report mere "Atrophy," nound



1 PLACE OF DEATH

	2 FULL NAME Edward & Your	of street and mu
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Married, Wilowed White Single, Wilowed Wild Wild Wild (Write the word)	(Month) (Day)
6 DA	May 20, 1845	that I last saw home alive on walnut Fish
7 AG	70 yrs mos 4 ds. or min,?	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:
pa	CCUPATION 1) Trade, profession, or flower ricular kind of work 1) General nature of industry	Head regter for Valuard
bu	siness, or establishment in lich employed (or employer)	The deathacture (paration) yrs. mos.
	IRTHPLACE (State or country) Va	Secondary Secondary purelion yra mos
S	10 NAME OF Jasper L Drown	(Signed) alfeel Thanks
RENT	11 BIRTH PLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Vio CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDES SUICIDAL or HOMICIDAL.
PAI	OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAI
	State or country)	At place In the of deathyrs,mosds. State,yrsmos. Where was disease contracted,
14 T	(Informant) Emma V Brown	if not at place of death? Former or usual residence
15	(Address) Elm av Takoma Park De	Washing far DC. June 25
Ell	ed June 25 1915. Ho. E. Rogers	20 UNDERTAKER Wallette 337-10

STATE OF MARYLAND CERTIFICATE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Doy loborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Locomotive engineer, ('ivil But in many cases, If retired from

Lobar pneumonia, Bronchopneumonia ("Theumonia, unqualified, is indefinite); Tuberculosis of lungs, merity spinal meningitis"); Diphtheria (avoid use of "Group");
Typhoid fever (never report "Typhoid pneumonia") fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted BUREAU, V.S. of lungs menter 1915

on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths under the head of "Contributory." (Recommendations head-homicide; Poisoned state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which nius," "Old Age," "Shock," "Uracnia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" cough; Chronic valeular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of cause. etc., when a definite discase can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marussymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurby carbolic acid-probably Never report mere ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Village or City Sest Please No. 7 2 FULL NAME Samuel S.	STATE OF MARYLAND CERTIFICATE OF DEATH Rogistration Dist. No. 247 St.; Ward) [If death occurred in a hospital or institution, give lis HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE Toru tead Toru	that I last saw hallve on 191 , 191 , and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, prafession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Janualine habe Lines, Jan January Tobertion yre. J. mos. de. Contributory Secondary
10 NAME OF FATHER Succest S, Sheight 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)	(Signed) (Signe
(Informant) Brady (M. d.) (Address) leat Pleasant, Ind. Filed July 14', 1915 Grace Down Leputy Local Registran If more blanks are needed, address State Registran, 1	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Seaf Pleasant Md. July 14', 1915— 20 UNDERTAKER (octing) - ADDRESS L. Duffy Seat Pleasant



[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, the duties of the household only (not paid Housekeepers write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. The material werlied on may form part only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Duy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Sulesman, (b) (roccry; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, ciun, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Locomotive engineer, Civil If retired from

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on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "'Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intereur-State cause for which Never report mere (Recommendations nound



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in -Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. Write the word DATE OF BIRTH 1883 (Month) (Day (Year) 7 AGE If LESS than t day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE 191/ (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. __ (State or country) State ____ yrs. ___ Where was disease contracted. if not at place of death?. Former or usual residence DATE OF BURIAL 16

If more blanks are needed, address State Registrar, 6 E. If onklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. statement. Never return "Laborer," who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salcsman, (b) If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malls ture of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-



1 PLACE OF DEATH

HYSICIANS statement of CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in -Ward) Village or City a hospital or institution. give its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 1910 WIDDWED OR DIVORCED (Month) (Day) (Year) Write the word) certificate That i attended deceased from 6 DATE OF BIRTH (Month) (Day) If LESS than AGE it may 10 7 AGE and that death occurred on the date stated above, a 1 day, hrs. OR min. ? .. mos..... 8 OCCUPATION 0 (a) Trade, profession, or particular kind of work (b) General nature of industry terms, instructi business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) See in 10 NAME OF FATHER rtant. S (Address) 11 BIRTHPLACE ENT *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, OF FATHER (State or country) impor SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME Œ OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 ery OR RECENT RESIDENTS) ш 13 BIRTHPLACE In the SO OF MOTHER (State or country) of deathyrs.ds. State,yrs.moa.da. Where was disease contracted, NO TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?..... Every item o should state occuPATIC (Informant) usuai residence DATE OF BURIAL OR REMOVAL (Address) 15 20 m REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St./ Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Andoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning: lapse," on statement of cause of death approved by Committee mus," "Old Age," "Shock," "Uracmia," "Weakness, on Nomenclature of the American Medical Association.) heod-homicide; Poisoned by Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deathis "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of..... "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion," corbolic acid—probably State cause for which Never report mere "Atrophy," "Col-



should ION Is OCCUPATION RECORD PERMANENT classified properly ш AGI UNFADING certificate. 50 WITH on back terms, should AINLY plain See Instructions Information = EATH 10 Item OF mportant. CAUSE

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 236 Ilf death occurred inWard) a hospital or Institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5-SINGLE MARRIED. WIDOWED, (Month) (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,.....hrs. OR min. ? BOCCUPATION (a) Trade, profession, of (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF PATHER (Signed) S 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place -OF MOTHER (State or country) of death _____ yrs. ___ mos do Where was disease contracted, 14 THE ABOVE MY KNOWLEDGE If not at place of death? Former or (Interment) usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Ptanter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton mitl; (a) Satesman, (b) essary to know (a) the kind of work and also (b) Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, pertionaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Brouchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tclanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to mobile factory. The material verted on may form part of the second statement. Never return. "Laborer," "Foreman," "Manager," "Fealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line mill; (a) Salesman, (b) (rocery; (a) Foreman, precise specification as Day laborer, Farm laborer, Laborer taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Statement of Occupation-Precise statement of occupaengaged in domestic service for wages, as Servant, Cook state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus: Farmer (retired write None. -Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia," nunqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of..... ehopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercursymptoms or terminal conditions, such as "Asthenia," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heenorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, lapse," "Coma," surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, suicide. The nature of the injury, as fracture of skull to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by corbolic acid-probably or miscarriage as by railway train-accident; Revolver wound of "Puerperal septichuemia," Never report mere "Atrophy," ("Con-



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12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

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1 PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Mar Mailborno	St.; Ward) [Il death occurred is a hospital or institution, give its NAME instead of sfreef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RAGE 5 SINGLE, MARRIED, WIDDWED, DRDIVORCED (Write the word)	16 DATE OF DEATH 6 20, 1915 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw her alive on 120, 1915
7 AGE (If LESS than 1 day,	and that death occurred on the date stated above, st. P. m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Courtal Hemorrhage (Duration) yrs mos & ds
which employed (or employer) 9 BIRTHPLACE (State or country.) 10 NAME OF	Contributory Secondary
10 NAME OF FATHER Sclany Brown 11 BIRTHPLACE OF FATHER (State or country) Wayland 12 MAIDEN NAME OF	(Signed) (Buraflon) yrs mos ds (Signed) Assert, M. D *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLET CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

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Former or usual residence.

OR RECENT RESIDENTS)

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
OUNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eated thus: ness. If retired from business, that faet may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Furm laborer, Luborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uracmia," "Weakness," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eonditions, such as "Aseause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State eause for childbirth or miscarrlage as "Puerferal septichaeetc., when a definite disease ean be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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. 1.		Į,	should state CAUSE OF DEATH in plain terms, so that it may be properly classi	OCCUPATION is very important. See instructious on back of certificate.
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V. S. No. 1.		N. BEvery item of information should be carefully supplied. AGE should be stated E		
Park		_		

Village or City Hyactscrile Mrs.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 245		
Village or City Apaceser (No	a hospital or institution,		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINCLE, MARRIED, MIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 7 3 I HEREBY CERTIFY, That I attended deceased from		
6 DATE OF BIRTH Janu 2, 1859 (Month) (Day) (Year)	that I last saw h in alive on June 2 , 1915,		
7 AGE If LESS than 1 day, hrs. 5 mos. ds. OR min.?	and that death occurred on the date stated above, at 4.30 m. The CAUSE OF DEATH * was as follows:		
B OCCUPATION (a) Trade, profession, or Physicians (related) particular kind of work (b) General nature of industry business, or establishment in	Philoisis Prelminalis Models med		
which employed (or employer) 9 BIRTHPLACE (State or country) England	Contributory Del steeting the cont- Secondary mothers.		
10 NAME OF Richard Thimpeon	(Signed) Robert Bolancian M. O. - Inne 2, 1915. (Address) Hyalloville Ind		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	* "State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
of MOTHER Elysbut B. Hoffin 13 BIRTHPLACE OF MOTHER (State or country) 13 State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place. In the of death		
(Informant) Robt B Shustine	if not at place of death?		
(Address) / Syarts or et o Inderes	Mashington LOC June 5 191.2		
Filed June 3, 1915 Mas. San Schole 10 Phity REGISTRAR	of Gaselis Sons Bladwishing Mo		
ner 16.1912 ches later special Address State Registrar	16 W. Saratoga St., Balto, Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is "Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the business or industry, and therefore an additional line -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever Stationary fireman, etc. But in ," "Manager," "Dealer," etc., without more The material worked on may form part Women at home, who are engaged in Never return Locomotive engineer, If retired from The question many eases, "Laborer," (b) Auto-Civil

unqualified, is indefinite); Tuberculosis of lungs, menin-CAUSING DEATH (the primary affection with respect to spinal meningitis"); Diphtheria (avoid use of "Croup"); term Lobar Jeer Typhoid faver (never report "Typhoid Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), for the same disease. meumonta, Bronchopheumonia using always the same accepted Examples: ("Pneumonia," pneumonia") Cerebrospinal

> mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. head-homicide; Poisoned by carbolic acid-Struck by railwoy train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, M'hooping birth or miscarriage as etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-(name origin; "Cancer" ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), (secondary), g., sepsis, tetanus) may be stated etc. State cause for which is less definite; avoid use of "Puenpenal seplichaemia, 10 ds. "Dropsy," Never report mere "Atrophy," "Exhaustion, -probably ("Con-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

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PLACE OF DEATH	(1000)		STATE OF MA	RYLAND
- Truse Loss	3088	-	CERTIFICATE O	F DEATH
County		(01)		223
1:		100/	Registration Dis	st. No.
Village or City Westwood	(No	\#_/=	St.: Ward)	[If death occurred in
A Ch	1 4, 1			a hospital or institution, give its NAME instead
	, Wall	1		of street and number.]
2 FULL NAME		*	***************************************	
PERSONAL AND STATISTICAL P	ARTICULARS	ME	DICAL CERTIFICATE	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGL	E, /	16 DATE OF DEAT	TH Same	12 1915
MIDON	VORCED WATUR		(Month)	(Day) (Year)
Write	the word)	17 HERE	BY CERTIFY, That Lat	tended deceased from
6 DATE OF BIRTH	116 011	Jan	20, 19N, to Ja	- 9 , 191V,
VEOY	1861	that I last saw	his alive on Ja	n 9 1915.
7 AGE	(Dáy) (Year)		occurred on the date st	/ 2
- AGE - 9	1 day, hrs.			
S A yrs. O mos.	7 ds. OR min. ?	The CAUSE OF	DEATH # was as follow	ws:
B OCCUPATION	/	Pullin	1 1 1 1 1 1 1 1 1 1	11 rules is
(a) Trade, profession, or Harry	nig		many or	
(b) General nature of Industry				***************************************
business, or establishment in which employed (or employer)			(Duration)	yramosds,
9 BIRTHPLACE	/	Contributory	/ ····································	***************************************
(State or country)		Sociality	(Durstion)	vrs mas da
10 NAME OF	1. 11		111 J/ Chap	lian- un
FATHER Shows	Wall	(Signed)		, m, u,
11 BIRTH PLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MARAGE	1		191. (Address)	
Z OF FATHER (State or country)	a	*State the CAUSES, state	DISEASE CAUSING DEATH, or (1) MEANS OF INJURY; and DMICIDAL.	(2) whether ACCIDENTAL,
C 12 MAIDEN NAME OF MOTHER	Mond			
	, /////	OR RECENT RES	SIDENCE (FOR HOSPITALS,	INSTITUTIONS, IRANSIENTS,
13 BERTHPLACE OF MOTHER (State or country)	111	At place	to the	,yrsds.
		of deathyrsyrs	ntracted, -	() conscions () (00 conscions () (100 conscions
14 THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE	if not at place of dea	th ?	***************************************
(Informant) Tes a wa	U	Former or usual residence		
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy Inborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (nerch symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Caucer" is less definite; avoid use of or miscarriage as "Puenpenal septichaemia," "Senile," etc.), "Dropsy," carbolic acid-probably "Atrophy," "Exhaustion," ("Con-



Village or City Popular fiel (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 237 St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, MIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Month) (Day) (Year)	May 6 4, 1910, to full 3, 1910, that Viast saw h invalive on 111145 30 1910
7 AGE 1 LESS than 1 day, hrs. 0 CCUPATION (a) Frade, profession, or particular kind of work 7 AGE 1 LESS than 1 day, hrs. 0 CR mio.?	and that death occurred on the date stated above, at 2 Pm. The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows:
(b) Geoeral nature of industry, business, or establishment to which employed (or employer)	Contributory
9 BIRTHPLACE (State or country) 10 NAME OF FATHER J.	(Signed)
(Interment) Las. D. Walson (Address) Sallant Street Ned. Filed. 6/6 ,1915 Louy 3 Conto	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS ALL ADDRESS ALL ADDRESS ALL ALL ADDRESS ALL ALL ALL ALL ALL ALL ALL
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative meaithfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUEEPEEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing valvular heart disease; Chronic interstitial nephritis affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is iess definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT AGE should be stated EXACTLY. carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. of information should be CAUSE OF important.

PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

1 PLACE OF DEATH Village or City Hypotherile (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

Ilf death occurred in a hospital or institution, give its NAME instead

FULL NAME adelia Whin	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Jenule 4 COLOR OR RACE SINGLE, MARRIED, MODIVERCE WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH Moreh 11 Pl (Month) (Day (Year)	that I last saw han alive on 1915.
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
a) Trade, profession, or Houselvife particular kind of work	Cerebral haemorrhage
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
BIRTHPLACE (State or country) Pennsylvania	Contributory Secondary (Doration) Syrs, mos ds.
10 NAME OF Jacob Shuster	(Signed)
11 BIRTHPLACE OF FATHER (State or country) Pennsylvania	*State the DISEASE CAUSING DEATH, or) in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother & Cara Mae Introh	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Oemsylvanic	At place in the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Informant) Annua formance	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 3, 191 5 Mrs. Jas Severe	Thashington LOC. June 4, 1910. 20 UN DERTAKER J. Jasch's Sons Bladenshing and

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 1. n

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who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Honsemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are cugaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eouditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Is less definite; avoid use of "Tumor" for malig-The contributory Meastes (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) For VIO-



1	BRUIER	should state
	RECORD	PHYSICIANS of OCCUPAT
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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		1 PLACE OF DEATH Unity Prince George lage or City Brantwood (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 4 8 [If death occurred is a hospital or institution, give its NAME instead of street and number.]
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D	7 Ad 8 O (a) pa (b) bus	Married, Single wood) ATE OF BIRTH (Month) (Day (Year)	18 DATE OF DEATH (Month) (Pay (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Pay (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Pay (Year) (Year) 1915 that I last saw h. Im alive on the date stated above, at 3 30 h. m. The CAUSE OF DEATH* was as follows: (Duration) (Duration) (Duration) (See Sec. 1915 (See Se
	PARENTS	10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER STURBLES 15 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) Af place In the of death yrs. mos. ds. State yrs. mos.

Af place of death yrs mes ds.	In the State	yrs	mos.
Where was disease contracted,			

Former or usual residence.

20 UNDERTAKER

PATE OF BURIAL

ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. . been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

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. cer" is less defiuite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerferal peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacuorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds., Never report ample: affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichae-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



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of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.-Every liem of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: -Ward) [If death occurred in a hospital or institution, give its NAME instead of streef and nomber.]

MEDICAL CERTIFICATE OF DEATH		
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TIONS, TRANSIENTS.		
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If more blanks are needed, address State Registrar, 6 E. Franklin St, Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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